Between a Rock and a Hard Place: Exploring the Ethical Dilemmas Faced by Nurses and Physicians in Pangasinan

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ABSTRACT

This study explored the lived experiences of healthcare workers in Pangasinan regarding ethical dilemmas encountered in professional practice. Specifically, the study examined the ethical conflicts experienced by healthcare workers, the coping strategies used to manage these dilemmas, and the insights they developed through their experiences in healthcare settings. This study utilized a qualitative phenomenological research design to investigate the lived experiences of healthcare workers encountering ethical dilemmas in healthcare practice. Purposive sampling was employed to select participants who had direct experiences with ethical conflicts in healthcare settings. Semi-structured interviews were conducted, and the data were analyzed using Colaizzi's phenomenological descriptive method. The findings revealed that healthcare workers commonly experience ethical dilemmas related to resource limitations, patient autonomy, end-of-life care, institutional pressures, confidentiality concerns, and financial constraints affecting patient care. Participants managed ethical conflicts through consultation with colleagues and supervisors, adherence to ethical guidelines, reflective practice, and open communication with patients and families. The study also highlighted the emotional and professional impact of ethical dilemmas, including moral distress, compassion fatigue, and emotional exhaustion, while demonstrating the importance of resilience, peer support, and ethics education. The study was limited to selected healthcare workers in Pangasinan and focused primarily on physicians and nurses. Future studies may include other healthcare professionals and broader geographic settings to further explore ethical dilemmas across diverse healthcare environments. Healthcare institutions may strengthen ethical decision-making and reduce moral distress by providing ethics education, establishing structured support systems, improving staffing conditions, and encouraging collaborative ethical discussions among healthcare professionals. Understanding healthcare workers' ethical challenges may contribute to improved healthcare delivery, patient-centered care, and the development of supportive This study contributes to the growing body of literature on healthcare ethics by providing context-specific insights into the lived experiences of healthcare workers in provincial healthcare settings in the Philippines.

Keywords: ethical dilemmas, healthcare workers, moral distress, phenomenology, healthcare ethics, Philippines, professional resilience

INTRODUCTION

Healthcare workers regularly encounter ethical dilemmas in professional practice. Ethical dilemmas arise when healthcare professionals are required to choose between two or more conflicting moral obligations without a clearly correct course of action. One of the most common ethical concerns in healthcare is resource scarcity. Limited hospital beds, medications, diagnostic equipment, and specialist services often compel healthcare providers to prioritize which patients receive care. This situation raises concerns regarding distributive justice, where the obligation to maximize outcomes conflicts with the responsibility to provide fair and equitable treatment to all patients. Udekwe et al. (2024) found that oncologists in Rwanda experienced moral uncertainty when allocating scarce radiotherapy slots and frequently relied on informal judgment because of the absence of formal ethical guidelines.

Another significant ethical dilemma involves end-of-life care decisions. Healthcare providers, particularly those working in emergency and intensive care settings, frequently struggle with decisions regarding the initiation or withdrawal of life-sustaining treatment. Such decisions are influenced by emotional, cultural, and institutional

factors. In under-resourced healthcare systems, healthcare workers often experience tension between prolonging life and ensuring dignity and quality of care. Mokoena et al. (2025) reported that nurses in resource-constrained hospitals were unable to provide what they considered dignified end-of-life care because of inadequate staffing, limited equipment, and excessive patient loads. These experiences contributed to moral distress among healthcare professionals.

Clinical uncertainty also contributes to ethical dilemmas in healthcare settings. Healthcare workers are frequently required to make decisions in situations where clinical guidelines are unclear or continually evolving. This uncertainty creates ethical tension, particularly when treatment options involve significant risks and unpredictable outcomes. Putri et al. (2023) emphasized that nurses often experience psychological burden when making high-stakes decisions with limited information, highlighting the ethical strain associated with clinical ambiguity.

Another ethical concern involves the conflict between professional duty and personal well-being. Healthcare workers often feel torn between their responsibility to care for patients and the need to preserve their own physical and emotional health. Heavy workloads, long duty hours, and staffing shortages may compel healthcare professionals to continue working despite fatigue, potentially compromising both patient safety and personal well-being. Karlsson et al. (2024) found that caregivers in long-term care facilities experienced moral frustration and emotional exhaustion because inadequate staffing limited their ability to provide compassionate and patient-centered care.

Institutional and organizational constraints further intensify ethical dilemmas among healthcare professionals. Policies are often implemented without sufficient consultation with frontline healthcare workers, while administrative demands may reduce the time available for direct patient care. García-Martín et al. (2023) noted that healthcare professionals experienced moral frustration when bureaucratic procedures interfered with clinical judgment and patient safety practices, thereby undermining professional integrity.

Healthcare workers caring for vulnerable populations, such as older adults and patients with chronic illnesses, encounter additional ethical challenges. Balancing patient autonomy, family preferences, and limited healthcare resources often creates complex decision-making situations. Johansson et al. (2024) reported that nurses working in long-term care settings experienced ethical tension when family preferences conflicted with patients' wishes or when limited resources affected the quality of care provided. These findings demonstrate the relational nature of ethical decision-making in healthcare environments.

External pressures from institutional accountability, public expectations, and policy directives may further complicate ethical decision-making. Healthcare workers may experience moral distress when organizational priorities emphasize efficiency and performance outcomes over individualized patient care. Such pressures may result in emotional exhaustion and ethical conflict, particularly when professionals feel unable to uphold their standards of care.

These ethical challenges may lead to moral distress, a psychological condition that occurs when individuals are prevented from acting in accordance with their ethical beliefs because of institutional or systemic limitations. When unresolved, moral distress may contribute to burnout, emotional exhaustion, and reduced quality of patient care. Hosseini et al. (2024) identified a significant relationship between moral distress and diminished patient care outcomes among nurses, highlighting the importance of addressing ethical challenges within healthcare systems.

Although ethical dilemmas cannot be entirely eliminated, they may be managed through organizational and systemic support. Improving workplace conditions, ensuring adequate staffing, and implementing clear ethical guidelines may reduce moral distress among healthcare workers. Buch et al. (2024) found that supportive leadership, sufficient time for patient care, and adherence to best practices significantly reduced moral distress among healthcare professionals. Similarly, ethics education and communication training have been shown to improve moral reasoning and ethical decision-making in complex situations (Deschenes et al., 2024; Zoghi et al., 2023).

Fostering moral resilience and strengthening professional identity may also protect healthcare workers from the negative effects of ethical stress. Moral resilience enables healthcare professionals to cope with unavoidable ethical tensions while maintaining professional integrity. Liu et al. (2024) and Wen et al. (2024) demonstrated that reflective practice, peer support, and ethical debriefing reduced compassion fatigue and improved emotional well-being among healthcare workers. These findings emphasize the importance of integrating individual, team-based, and organizational interventions.

Healthcare workers across different countries encounter ethical dilemmas influenced by healthcare systems, cultural values, and resource availability. In the United States, ethical conflicts commonly involve resource allocation, patient autonomy, and institutional constraints, with healthcare professionals relying on ethics consultations and peer support to navigate complex situations (Morley et al., 2021). In the United Kingdom, understaffing and long waiting times contribute to moral distress, leading healthcare workers to depend on team discussions and organizational support services (Selman et al., 2023). In Canada, ethical dilemmas often involve balancing patient-centered care with legal frameworks and equitable access to healthcare services, resulting in collaborative consultations and structured ethical guidance (Smith et al., 2022). In Japan and Singapore, ethical challenges frequently relate to aging populations, culturally influenced decision-making, and healthcare prioritization, with institutions emphasizing ethics committees and interdisciplinary communication (Abe et al., 2023; Tan & Lim, 2023).

In the Philippines, healthcare workers face ethical dilemmas shaped by limited healthcare resources, high patient loads, and socioeconomic disparities. Healthcare professionals often encounter difficulties in allocating medical supplies, prioritizing patients in overcrowded facilities, and balancing patient autonomy with family-centered decision-making. Filipino healthcare workers may experience moral distress when systemic inefficiencies and infrastructure limitations prevent them from delivering timely and adequate care (De Guzman et al., 2023; Salvador et al., 2024). These realities highlight the importance of understanding ethical dilemmas within the local healthcare context.

Despite the growing body of literature on healthcare ethics, significant research gaps remain. Many existing studies focus on isolated ethical issues rather than examining the broader lived experiences of healthcare workers facing multiple and overlapping ethical dilemmas. Furthermore, much of the available literature originates from developed countries, limiting its applicability to resource-constrained settings such as provincial hospitals and community health centers in the Philippines. Limited research has also explored how healthcare workers in provincial areas, including Pangasinan, experience and manage ethical conflicts within their specific cultural and institutional contexts.

Recent local studies further demonstrate the need for context-specific research. Salvador et al. (2024) reported that nurses in provincial hospitals experienced high levels of moral distress because of staffing shortages, inadequate equipment, and pressure to prioritize patients. Similarly, De Guzman et al. (2023) found that healthcare workers in community-based settings frequently relied on informal decision-making and peer support due to the absence of structured ethical guidelines. However, these studies did not comprehensively explore the lived experiences of healthcare workers across different professional roles and healthcare settings, nor did they examine how ethical dilemmas were managed in specific localities.

Therefore, this study aimed to explore the lived experiences of healthcare workers in Pangasinan who encounter ethical dilemmas in professional practice. Specifically, the study sought to examine how healthcare workers navigate competing demands, resource limitations, and cultural expectations. The findings of the study may contribute to the development of ethics education, institutional support systems, and healthcare policies aimed at strengthening ethical decision-making, reducing moral distress, and improving the quality of healthcare delivery in local settings.

Statement of the Problem

This study explored the ethical dilemmas encountered by healthcare workers in Pangasinan.

Specifically, the study sought to answer the following research questions:

1. What situations most commonly lead to ethical conflicts among healthcare workers in Pangasinan?

2. What approaches or strategies do healthcare workers typically use to resolve or manage the ethical dilemmas they encounter?

3. What recommendations do healthcare workers provide to colleagues who may experience similar ethical challenges?

METHODS

This chapter presents the research design, participants, data collection procedures, data analysis, trustworthiness, and ethical considerations used in exploring the ethical dilemmas experienced by healthcare workers in Pangasinan.

This study employed a qualitative phenomenological research design. Qualitative research focuses on understanding human experiences and social phenomena through non-numerical data such as interviews and observations. Phenomenology specifically examines individuals' lived experiences and the meanings they attach to those experiences (Creswell & Poth, 2018). This design was appropriate because the study aimed to explore the lived experiences of healthcare workers encountering ethical dilemmas in professional practice. Through in-depth semi-structured interviews, participants were able to share their personal experiences, feelings, and perspectives regarding ethical challenges in healthcare settings.

The study was conducted in Pangasinan and involved selected public and private hospitals in Dagupan City and San Carlos City. These included Region 1 Medical Center, Pangasinan Provincial Hospital, Blessed Family Doctors Hospital, Dagupan Doctors Villaflor Memorial Hospital, and The Medical City Pangasinan. These hospitals were selected because healthcare workers in these institutions regularly encounter ethical dilemmas related to patient care, resource allocation, and institutional policies.

This study used purposive sampling to select participants who had direct experience with ethical dilemmas in healthcare practice. The participants consisted of physicians and nurses with at least two years of clinical experience and who were willing to participate voluntarily. Data collection continued until data saturation was reached, meaning no new themes or insights emerged. A total of ten healthcare workers participated in the study.

The primary data collection method was the use of semi-structured in-depth interviews. Open-ended questions were used to encourage participants to describe their experiences, feelings, and decision-making processes related to ethical dilemmas. Interviews lasted approximately 45 to 60 minutes and were conducted either face-to-face or online through Facebook Messenger, depending on participants' availability. With consent, all interviews were audio-recorded and transcribed verbatim. Field notes were also taken to capture important observations. Prior to data collection, informed consent was obtained from all participants, and confidentiality was strictly observed.

To ensure trustworthiness, the study applied the criteria of credibility, transferability, dependability, and confirmability.

Credibility was established through prolonged engagement with the data, member checking, and repeated review of interview transcripts. Transferability was achieved by providing detailed descriptions of the research setting and participants. Dependability was ensured through proper documentation of the research procedures, while confirmability was maintained through the use of a reflexive journal and audit trail.

Ethical principles were strictly observed throughout the study. Participation was voluntary, and participants had the right to withdraw at any time without penalty. Confidentiality and anonymity were maintained by assigning pseudonyms and securely storing all data. The principles of beneficence, non-maleficence, autonomy, and justice guided the conduct of the study to ensure the protection and welfare of all participants.

The study utilized Colaizzi's (1978) phenomenological method of data analysis. The process involved reading and re-reading transcripts, extracting significant statements, formulating meanings, clustering themes, and

developing an exhaustive description of the phenomenon. The findings were validated through member checking to ensure that the interpretations accurately reflected the participants' lived experiences regarding ethical dilemmas in healthcare practice.

RESULTS

This chapter presents the findings of the study on the ethical dilemmas faced by healthcare workers in Pangasinan. Through thematic analysis of the participants' responses, the data revealed recurring ethical conflicts encountered in healthcare practice, the approaches used to manage these dilemmas, and the recommendations healthcare workers offered for handling similar situations. The findings were organized into major themes and corresponding sub-themes based on the lived experiences shared by the participants.

I. Experiencing Ethical Conflicts In Patient Care

The first major theme identified was "Experiencing Ethical Conflicts in Patient Care." Participants described situations where they encountered moral uncertainty, emotional burden, and professional tension while providing patient care. Ethical conflicts commonly arose from resource limitations, institutional pressures, patient autonomy issues, confidentiality concerns, and interpersonal challenges with families and colleagues.

A. Systemic and Relational Pressures

Participants described how institutional constraints and interpersonal relationships created ethical tension in healthcare settings.

Healthcare Worker 1 explained that respecting patient autonomy became difficult when a patient refused a life-saving blood transfusion due to religious beliefs. Although the participant wanted to save the patient's life, ethical responsibility required honoring the patient's informed decision.

Healthcare Worker 2 shared an experience where family members requested that a terminal cancer diagnosis not be disclosed to the patient. The participant described the challenge of balancing cultural sensitivity with the ethical obligation to uphold patient rights and transparency.

Healthcare Worker 3 discussed staffing shortages that resulted in unsafe patient loads. The participant described feeling ethically conflicted between complying with hospital administration and advocating for patient safety.

Healthcare Worker 4 experienced ethical tension after a colleague requested that a medication error not be reported. The participant explained the difficulty of balancing accountability and patient safety with maintaining professional relationships.

Healthcare Worker 8 similarly described pressure from hospital management to discharge patients early to free hospital beds, even when patients were not yet fully stable.

B. Recurring Ethical Stressors in Healthcare Practice

Participants identified several recurring ethical challenges that consistently generated stress in healthcare practice.

Healthcare Worker 5 explained the emotional burden of allocating limited ICU beds during peak admissions. The participant emphasized that prioritizing patients based on survival chances felt emotionally exhausting because each decision directly affected families.

Healthcare Worker 1 identified resource limitations, including inadequate staffing and lack of equipment, as major sources of ethical stress.

Healthcare Worker 4 described financial difficulties faced by patients who could not afford recommended diagnostic procedures or treatments, creating conflict between ideal care and patient affordability.

Healthcare Worker 5 explained that maintaining patient confidentiality in busy wards was difficult because sensitive information could unintentionally be overheard.

Healthcare Worker 7 discussed ethical concerns related to informed consent, explaining that time pressure sometimes prevented patients from fully understanding procedures and associated risks.

Healthcare Worker 8 described ethical tension arising from cultural and religious beliefs that influenced medical decisions, such as refusal of blood transfusions.

Healthcare Worker 9 discussed the difficulty of reporting colleague mistakes because accountability requirements could strain workplace relationships.

Healthcare Worker 10 described ethical conflicts caused by administrative pressure for early patient discharge due to bed shortages.

C. Emotional and Professional Impact of Ethical Conflicts

Participants described the emotional and professional effects of repeated exposure to ethical dilemmas.

Healthcare Worker 1 stated that ethical conflicts caused emotional stress and lingering self-doubt after work shifts, affecting focus and emotional well-being.

Healthcare Worker 2 explained that difficult ethical decisions sometimes led to anxiety and emotional exhaustion, although stress management strategies helped maintain work performance.

Healthcare Worker 3 described experiencing moral distress when ideal patient care could not be achieved due to situational limitations.

Healthcare Worker 4 shared that unresolved ethical conflicts created workplace tension that negatively affected morale and teamwork.

Healthcare Worker 5 reported feelings of compassion fatigue due to constant exposure to morally difficult situations.

Healthcare Worker 6 stated that ethical dilemmas occasionally affected sleep because of ongoing reflection about whether the right decisions had been made.

Healthcare Worker 7 described stress-related difficulties with concentration during emotionally heavy cases.

Healthcare Worker 8 explained that difficult experiences increased empathy and compassion toward patients.

Healthcare Worker 9 associated repeated ethical issues with emotional fatigue and potential burnout.

Healthcare Worker 10 described ethical conflicts as experiences that strengthened resilience, critical thinking, and decision-making skills.

II. Approaches To Managing Ethical Dilemmas In Healthcare

The second major theme focused on how healthcare workers addressed and managed ethical conflicts in clinical practice.

A. Initial Response to Ethical Dilemmas

Participants described several immediate strategies when confronted with ethical issues.

Healthcare Worker 1 explained that careful assessment and information gathering were the first steps before making decisions.

Healthcare Worker 2 stated that hospital policies and ethical guidelines were reviewed to ensure alignment with professional standards.

Healthcare Worker 3 emphasized prioritizing patient safety and minimizing harm.

Healthcare Worker 4 explained the importance of consulting senior colleagues and ethics committees.

Healthcare Worker 5 described maintaining calmness and objectivity to avoid emotional decision-making.

Healthcare Worker 6 highlighted open communication with patients and families as a way to reduce misunderstandings.

Healthcare Worker 7 stated that ethical principles such as beneficence, nonmaleficence, and autonomy guided initial responses.

Healthcare Worker 8 explained that identifying the root cause of the conflict helped develop an appropriate plan of action.

Healthcare Worker 9 emphasized self-reflection and removal of personal bias before acting.

Healthcare Worker 10 stated that patient stabilization was prioritized before addressing ethical concerns in detail.

B. Consultation and Policy-Guided Support

Participants emphasized the importance of collaboration and institutional guidance when resolving ethical conflicts.

Healthcare Worker 1 stated that hospital ethical guidelines and supervisors provided structure and shared responsibility during decision-making.

Healthcare Worker 2 described seeking advice from senior colleagues with more experience in ethical cases.

Healthcare Worker 3 explained that ethics committees and institutional policies promoted fairness and accountability.

Healthcare Worker 4 discussed relying on department heads and institutional protocols for guidance.

Healthcare Worker 5 described reviewing professional codes of ethics alongside supervisory consultation.

Healthcare Worker 6 emphasized teamwork and case discussions during meetings and endorsements.

Healthcare Worker 7 highlighted the value of multidisciplinary collaboration involving doctors, nurses, and social workers.

Healthcare Worker 8 stated that combining policy guidance with open communication minimized ethical conflicts.

Healthcare Worker 9 described consulting clinical protocols and experienced coworkers to navigate difficult situations.

Healthcare Worker 10 emphasized the role of formal ethics committee reviews in sensitive and highly complex cases.

C. Learning and Growth from Ethical Setbacks

Participants viewed ethical challenges as opportunities for professional growth and emotional development.

Healthcare workers described learning from previous experiences through reflection, peer discussions, and emotional coping strategies. Participants explained that ethical dilemmas improved critical thinking, decision-making, empathy, resilience, and professional maturity over time.

DISCUSSION

The findings of the study revealed that healthcare workers in Pangasinan regularly encounter ethical dilemmas that affect both patient care and professional well-being. Ethical conflicts commonly emerged from institutional limitations, resource shortages, patient autonomy issues, cultural influences, confidentiality concerns, and interpersonal pressures within healthcare environments.

The results support the findings of Kovanci and Özbaş (2025), who noted that healthcare workers experience moral distress when professional judgment conflicts with institutional demands or limited resources. Similar to the present study, participants reported emotional exhaustion, self-doubt, and frustration when ideal patient care could not always be achieved due to staffing shortages, operational pressures, and financial constraints.

The study also demonstrated that patient autonomy and cultural sensitivity are significant sources of ethical tension. Participants described conflicts between respecting patient rights and responding to family preferences or religious beliefs. These findings are consistent with Valle (2025) and Berdida and Grande (2023), who emphasized that Filipino healthcare workers frequently experience ethical strain when balancing cultural values, patient autonomy, and institutional expectations.

Resource scarcity emerged as another major ethical stressor. Participants discussed ICU bed shortages, lack of staff, and inadequate equipment, which forced healthcare professionals to prioritize patient care under difficult circumstances. Similar findings were reported by Safari et al. (2024), who explained that healthcare workers often experience moral distress when resource limitations prevent them from delivering optimal care. The findings further revealed that ethical conflicts significantly affect emotional well-being and job performance. Participants reported stress, compassion fatigue, emotional exhaustion, and burnout associated with repeated exposure to difficult ethical situations. These results align with Hwu and Pai (2025), who found that moral distress negatively impacts emotional health and concentration among healthcare workers.

Despite these challenges, participants demonstrated resilience and professional growth through reflection, communication, consultation, and teamwork. Healthcare workers relied on ethical principles, institutional policies, peer support, and multidisciplinary collaboration to manage ethical dilemmas effectively. These findings support previous studies showing that mentorship, ethical guidance, and collaborative decision-making strengthen professional confidence and reduce moral distress (Guro et al., 2024; Berdida & Grande, 2023).

Overall, the study highlights that ethical dilemmas are unavoidable aspects of healthcare practice. However, healthcare workers can navigate these challenges more effectively when supported by ethical training, institutional guidance, teamwork, and reflective practice. The findings further emphasize the importance of strengthening organizational support systems and ethics education programs to promote ethical decision-making, emotional resilience, and quality patient care.

REFERENCE

A. Books

1. Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage Publications.

2. Moustakas, C. (2020). *Phenomenological research methods*. Sage Publications.
3. Van Manen, M. (2016). *Researching lived experience: Human science for an action sensitive pedagogy* (2nd ed.). Routledge.

B. Published Materials

1. Abe, K., Tanaka, M., & Sato, H. (2023). Ethical decision-making in aging societies: Challenges in end-of-life care in Japan. *Journal of Medical Ethics, 49*(2), 115–122.
2. Abe, Y., Saito, T., & Watanabe, M. (2023). Ethical challenges in end-of-life care in Japan's aging society: Balancing autonomy and family-centered values. *Journal of Medical Ethics, 49*(2), 123–130.
3. Al-Mutairi, S. S., et al. (2024). Ethical conflicts in nursing practice: End-of-life decision-making and balancing patient preferences with clinical recommendations. *Journal of International Crisis and Risk Communication Research, 7*(1), 45–63.
4. Ayebare, R. R., Rutagengwa, M. J., Dusabe, T., Mpunga, T., & Galukande, M. (2024). Ethical dilemmas in prioritizing patients for scarce radiotherapy resources: A qualitative study from Rwanda. *BMC Medical Ethics, 25*(1), Article 5.
5. Berdida, D., & Grande, R. (2023). Moral distress, moral resilience, moral courage, and moral injury among nurses in the Philippines during the COVID-19 pandemic: A mediation analysis. *Journal of Religion and Health, 62*(4), 2057–2074.
6. Bigand, T., Muntean, W., & Heyland, D. (2024). Ethical issues raised in the care of the elderly during the SARS-CoV-2 pandemic: A systematic review. *BMC Medical Ethics, 25*, Article 23.
7. Bosch, L., Pasman, H. R. W., Onwuteaka-Philipsen, B. D., & Schweitzer, B. P. M. (2023). Moral distress among ICU staff during the COVID-19 pandemic: A mixed-methods study. *BMC Medical Ethics, 24*, Article 8.
8. Buch, A., Thomsen, T. G., & Søndergaard, J. (2024). Organizational support and moral distress among healthcare professionals in high-pressure environments. *BMC Health Services Research, 24*, 311.
9. Buch, M. S., Vevatne, J., Brinchmann, B. S., & Sørlie, V. (2024). Moral distress and protective work environment for healthcare workers during public health emergencies. *BMC Medical Ethics, 25*, Article 27.
10. Buch, V. H., Lwin, Z., & Fergie, G. (2024). Ethical challenges in healthcare: A review of the impact of systemic pressures on clinical decision-making. *Journal of Medical Ethics, 50*(1), 45–52.
11. Cacace, M., & Nováková, D. (2024). Ethical challenges in clinical care during the pandemic: A Czech perspective on guideline ambiguity. *BMC Medical Ethics, 25*, Article 17.
12. De Guzman, A. B., Cruz, J. P., & Rosario, R. M. (2023). Ethical challenges among Filipino healthcare workers in resource-limited settings. *Philippine Journal of Health Research and Development, 27*(1), 45–56.
13. De Guzman, A. B., Roxas, A. B., & Morales, M. (2023). Ethical challenges and coping strategies among Filipino healthcare workers in resource-limited settings. *Philippine Journal of Health Research and Development, 27*(1), 45–54.
14. Deschenes, S., McCarthy, J., & Dallaire, C. (2024). Reducing moral distress through ethics education and structured communication interventions. *Nursing Ethics, 31*(2), 289–303.
15. Deschenes, S., Reynolds, E., & Kumar, S. (2024). Navigating moral distress: An interdisciplinary approach to ethical dilemmas in healthcare. *Health Care Analysis, 32*(1), 75–91.
16. Deschenes, S., Twomey, C., & Davies, D. (2024). Developing an evidence- and ethics-informed intervention to address moral distress in paediatric critical care: A relational ethics perspective. *Nursing Ethics, 31*(1), 180–194.
17. DiCicco-Bloom, B., & Crabtree, B. F. (2006). The qualitative research interview. *Medical Education, 40*(4), 314–321.
18. Felix-Medina, J. V., Sepúlveda-Haro, A. G., & Quintero-Soto, M. F. (2023). Stability of antioxidant and hypoglycemic activities of peptide fractions of maize (*Zea mays* L.) under different processes. *Journal of Food Measurement and Characterization, 17*, 362–370.
19. Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report, 20*(9), 1408–1416.

20. García-Martín, M., López-García, C., & Romero-Sánchez, J. M. (2023). Moral distress among perioperative nurses: Organizational constraints and professional integrity. *Journal of Advanced Nursing, 79*(6), 2150–2162.
21. Ghorbanzadeh, B., Khoshmehr, N., & Sadeghian, E. (2024). The relationship between moral distress and clinical care quality among nurses in Gonabad, Iran: A cross-sectional study. *BMC Nursing, 23*, Article 72.
22. Giannetta, N., Villa, G., & Pennestrì, F. (2021). Ethical dilemmas and moral distress in primary care: Implications for healthcare staff well-being. *International Journal of Environmental Research and Public Health, 18*(14), 7523.
23. Graham, J., Wessel, J., & Ghahramani, A. (2023). Addressing moral injury in healthcare workers during COVID-19: Peer support and institutional strategies. *Sociology of Health & Illness, 45*(4), 789–804.
24. Guro, A., et al. (2024). Exploring moral quandaries: An interpretative phenomenological inquiry into the ethical dilemmas faced by Emergency Medical Technicians in the Southern Philippines. *Journal of Healthcare Administration, 12*(2), 77–91.
25. Hosseini, S. H., Karimi, R., & Mohammadi, E. (2024). Moral distress and quality of patient care among nurses: A cross-sectional study. *BMC Nursing, 23*, 118.
26. Hwu, H., & Pai, H. (2025). Exploring ethical dilemmas and coping strategies in nursing: A focus group study of nurses and nursing students. *Nursing & Health Sciences, 27*(1), 100–112.
27. Johansson, L., Nilsson, A., & Berglund, M. (2024). Ethical dilemmas in caring for vulnerable populations in long-term care settings. *International Journal of Older People Nursing, 19*(1), e12521.
28. Karlsson, M., Lindberg, E., & Sandman, L. (2024). Workload, staffing shortages, and moral distress in long-term care facilities. *Nursing Ethics, 31*(1), 82–95.
29. Knott, R., Mellahn, O. J., Tiego, J., Kallady, K., & Johnson, B. P. (2023). Age at diagnosis and diagnostic delay across attention-deficit hyperactivity and autism spectrums. *Australian & New Zealand Journal of Psychiatry, 58*(2), 142–151.
30. Kovanci, B., & Özbaş, A. (2025). Newly graduated nurses' experiences of moral distress during transition process. *BMC Nursing, 24*(1), 12–25.
31. Lewis, P., Willis, E., & Smallwood, N. (2023). Emotional and professional impacts of ethical dilemmas on nurses during the COVID-19 pandemic. *Nursing Ethics, 30*(2), 210–225.
32. Liu, Y., Chen, J., & Zhang, L. (2024). Moral resilience as a buffer between moral distress and compassion fatigue among nurses. *Journal of Clinical Nursing, 33*(4), 1567–1576.
33. Liu, Y., Chang, J., & Li, H. (2024). Interprofessional collaboration and moral resilience during health crises: Insights from COVID-19. *Nursing Ethics, 31*(2), 215–230.
34. Mokoena, S. P., Nkosi, Z., & Mabaso, M. (2025). Ethical challenges in end-of-life care in resource-constrained hospitals. *African Journal of Nursing and Midwifery, 27*(1), 1–12.
35. Morley, G., Grady, C., McCarthy, J., & Ulrich, C. M. (2021). Covid-19: Ethical challenges for nurses. *BMJ, 371*, m3762.
36. Morley, G., Sese, D., Rajendram, P., & Horsburgh, C. (2021). Addressing caregiver moral distress during healthcare crises. *Journal of Clinical Ethics, 32*(3), 214–222.
37. Putri, R. A., Sari, D. K., & Widodo, A. (2023). Ethical uncertainty and psychological burden among nurses in clinical decision-making. *Belitung Nursing Journal, 9*(5), 431–439.
38. Salvador, J. T., Reyes, M. E., & Torres, G. V. (2024). Moral distress among nurses in provincial hospitals in the Philippines. *Philippine Journal of Nursing, 94*(1), 22–34.
39. Salvador, M. L., Reyes, J. P., & Garcia, C. R. (2024). Moral distress among nurses in public hospitals in the Philippines: Causes and coping mechanisms. *Asian Bioethics Review, 16*(2), 152–165.
40. Selman, L., Chao, D., Sowden, R., Marshall, S., & Chamberlain, C. (2023). Moral distress and systemic constraints in healthcare delivery. *BMJ Supportive & Palliative Care, 13*(2), 120–127.
41. Smith, G., Hébert, P. C., & Downar, J. (2022). Ethical challenges in Canadian healthcare practice. *Canadian Medical Association Journal, 194*(15), E540–E545.
42. Tan, K. H., & Lim, V. (2023). Ethical decision-making in Singapore healthcare systems. *Asian Bioethics Review, 15*(3), 267–281.
43. Udekwe, D., Mukamana, D., & Habimana, J. (2024). Allocation of radiotherapy services in low-resource settings: Ethical implications. *Global Health Ethics, 19*(1), 77–86.

44. Wen, X., Li, Y., & Huang,F. (2024). Career calling and moral distress among emergency nurses. *Journal of Nursing Management, 32*(2), 455–463.
45. Zoghi, M., Rahimi, A., & Ebrahimi, H. (2023). Effects of ethics education on moral sensitivity among nurses. *Nursing Ethics, 30*(6), 1032–1044.

C. Others

1. AP News. (2023). Canadian healthcare workers grapple with ethical challenges around Medical Assistance in Dying.